

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -8 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1

DOCUMENT # F96000000466

1. Corporation Name

COHR INC.

Principal Place of Business

21540 PLUMMER ST  
CHATSWORTH CA 91311  
US

Mailing Address

21540 PLUMMER ST  
CHATSWORTH CA 91311  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1996

5. FEI Number

95-452572  
95-4559155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DC	CHOPRA, PAUL	21540 PLUMMER ST	CHATSWORTH CA
DC	GAMBLE, STEPHEN W	21540 PLUMMER ST	CHATSWORTH CA
D	BARBER, JAMES D	21540 PLUMMER ST	CHATSWORTH CA
D	REITNOUER, LYNN P	ONE WILSHIRE BLVD #2600	LOS ANGELES CA
STD	MESSINGER, RONNIE J	155 N. LAKE AVE., #1100	PASADENA CA 91109
Please see attached			

8. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

500003103465--0

Street Address (P.O. Box Number is Not Acceptable)

3700--01100--007  
\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

12/2/99 (818) 734-8349

CR2E040 (8/99)

(2)

**Cohr Inc. dba Masterplan Inc.(FEIN 95-4752572)**

Officers:

Bruce Cree, President, CEO, Chairman 21540 Plummer Street, Chatsworth CA 91311

George Farley, Vice Chairman - 2 Rosemary Ln., Santa Barbara, CA 93108.

Chris Baltes, Secretary/Treasurer - 650 Madison Ave., 24th floor, New York, NY 10022



November 5, 1999

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Madam or Sir:

Enclosed is a check for \$150 for annual corporation fee. You recently sent us a notice stating our corporation is administratively dissolved. This was the very first notice we received from you regarding this matter.

We have been on time with all our filings in the State of Florida and we ask you to please accept the enclosed payment and reinstate our corporate status to active.

Please update your records with the enclosed list of our current officers and new FEIN Number 95-4752572.

Yours truly,

A handwritten signature in cursive script, appearing to read "Lolita Matevossian".

Lolita Matevossian  
Controller